

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5		/					55	
6		/					56	
7		/					57	
8		Ø					58	
9		Ø					59	
10		Ø					60	
11	/						61	
12		Ø					62	
13							63	
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15							65	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓		↓		↓	TOTAL IND.	
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	